UNIVERSIDADE FEDERAL DO RIO GRANDE DO SUL FACULDADE DE FARMÁCIA TRABALHO DE CONCLUSÃO DE CURSO

ADAPTATION OF RAPID RESAPOLYMYXIN ACINETOBACTER/ PSEUDOMONAS NP AS A FEASIBLE AND RAPID TEST TO DETECT POLYMYXIN B RESISTANCE

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Trabalho de Conclusão de Curso apresentado ao Curso de Farmácia da Universidade Federal do Rio grande do Sul como requisito à obtenção do título de grau de Farmacêutico.

Orientadora Prof^a. Dra. Juliana Caierão

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DEDICATÓRIA

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APRESENTAÇÃO

Este trabalho foi elaborado em formato de artigo científico, de acordo com as normas da revista *Journal of Microbiological Methods*. Tais normas foram anexadas ao final do documento, para uma melhor leitura e compreensão da banca avaliadora.

Addaptation of Rapid ResaPolymyxin Acinetobacter/Pseudomonas NP® as a feasible and rapid test to detect polymyxin B resistance

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Abstract

Considering the need of rapidly determine polymyxin B susceptibility in carbapenem-resistant isolates, Rapid ResaPolymyxin *Acinetobacter/Pseudonomas* NP test was developed. In this study, we adapted the methodology for a reproducible in-house version, which presented excellent results for *Acinetobacter baumannii*. However, more adaptations for *Pseudomonas aeruginosa* became clearly necessary.

1. Introduction

It is well recognized that bacterial resistance is a matter of urgency and worldwide concern. Multidrug-resistant (MDR) bacteria are hazardous and need careful attention as they pose a particular risk in hospitals, nursing homes, and among patients considered to be at high risk for acquiring infections by these bacteria. In 2017, the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) published a list containing the most worrying bacteria to human health; among them, at the top of the critical priority list, are *Acinetobacter baumannii* and *Pseudomonas aeruginosa* resistant to carbapenems (Fournier et al., 2006; Willyard, 2017).

Infections caused by these pathogens increase patient morbidity and mortality, and prolong hospital stay, increasing costs. Indeed, mortality rates of bloodstream infections caused by *A. baumannii*, as an example, vary between 30 to 52% (Dijkshoorn et al., 2007) and pneumonia caused by this bacteria has been highly related to patient mortality (Abbo et al., 2007; Falagas and Rafailidis, 2007; Fournier et al., 2006).

For years, treatment of infections caused by MDR *A. baumannii* and *P. aeruginosa* focused on the use of carbapenems. However, the emergence and spread of carbapenem-resistant bacteria has limited the effectiveness of these therapeutic schemes (Ibrahim et al., 2021). In these cases, few antimicrobial options are available; among them, polymyxins-centered treatments are widely used, mainly in settings where the new combinations of beta-lactam/beta-lactamase inhibitors are not largely available, or where costs are an issue (Sheu et al., 2019).

The clinical use of polymyxins (colistin and polymyxin B) was abandoned in the 1970s due to their toxic potential, mainly neurotoxicity and nephrotoxicity. However, with the emergence of MDR *A. baumannii* and *P. aeruginosa*, and later *Enterobacterales* resistant to carbapenems, its use was reassessed, and it is currently in the therapeutic pipeline (Poirel et al., 2017; Tsuji et al., 2019).

Although rates of polymyxin B resistance is low in most countries, it appears to be increasing due to selective pressure. Indeed, in some regions, polymyxins resistance is worryingly high, such as in Singapore, where it is as high as 50% (Chen et al, 2020; Lim et al., 2011).

In this scenario, the rapid and efficient detection of polymyxins susceptibility is crucial for both epidemiological monitoring and therapeutic management (Satlin, 2019). For this purpose, the gold standard method suggested by the CLSI and EUCAST is the is the determination of minimum inhibitory concentration (MIC) through broth microdilution (BMD). However, it is time consuming and may present interpretation issues, especially for *A. baumannii*, for which skipped-wells caused by polymyxins heterorresistance are common. Other methodologies, such as disk diffusion and concentration gradient strips (Etest[®], bioMérieux), are not indicated due to high rates of false susceptibility, i.e. up to 32% (Tan and Ng, 2007).

Therefore, alternative shorter-time demanding methodologies have been evaluated, once it may affect patient outcome. Indeed, each hour of incorrect use of antibiotic therapy decreases chances of survival by 7.6% (Kumar et al., 2009), in addition to raising costs of treatment and hospital stay. Therefore, rapid susceptibility detection methods are desirable in order to optimize antibiotic stewardship and patient outcome.

For *Enterobacterales*, the Rapid Polymyxin NP test was proposed and has been extensively evaluated with good results (Nordmann et al., 2016; Jayol et al., 2016; Dalmolin et al., 2019; Shoaib et al., 2020; Collar et al., 2021). However, as it is based on the use of glucose, it is not applicable to *A. baumannii* and *P. aeruginosa*.

Recently, Lescat and coworkers (2019) developed an assay based on the reduction of blue-colored resazurin (7-hydroxy-3H-phenoxazin-3-one-10-oxide) to resofurin, a pink-stained product, indicating the presence of metabolically active bacterial cells in the medium (Lescat et al., 2019). A commercial version of this test is now available, the RapidResa Polymyxin

Acinetobacter NP[®] (2019) test (Liofilchem, Roseto degli Abruzzi, Italy), which is based on the same protocol as its in-house version and was evaluated by Bouvier and coworkers (2021). Considering costs as an issue, we aimed to evaluate the effectiveness and reproducibility of the in-house format of the technique among *A. baumannii* and *P. aeruginosa*.

2. Materials and methods

2.1 Bacterial strains and polymyxin B susceptibility

Ninety-four carbapenem-resistant isolates (56 *A. baumannii* and 38 *P. aeruginosa*), consecutively recovered from patients attended in a hospital of Porto Alegre, south Brazil, were included. The study was approved by the local Research Ethics Committee. *P. aeruginosa* ATCC 27853 (MIC 0.5-2 µg/mL) and an *A. baumannii* from our personal collection, previously characterized as susceptible to polymyxin B through BMD (NF 278, MIC 0.25µg/mL) was used as negative (susceptible) control. Moreover, another *A. baumannii* from our personal collection, previously characterized as resistant to polymyxin B through BMD (NF 281, MIC 8 µg/mL) was included as positive (resistant) control.

Polymyxin B BMD was performed for all isolates to determine MIC. Results were interpreted according to BrCAST and EUCAST guidelines (Brazilian Committee on Antimicrobial Susceptibility Testing/European Committee on Antimicrobial Susceptibility Testing, 2022).

2.2 Rapid ResaPolymyxin Acinetobacter/Pseudomonas NP test.

Rapid ResaPolymyxin *Acinetobacter/Pseudomonas* NP (RRP-NP) test was performed according to Lescat and coworkers (Lescat et al., 2019). Briefly, a bacterial inoculum was added to a 96-well plate containing culture medium with and without polymyxin B ($3.75 \mu g/mL$) and the resazurin is added in due course, after an incubation period (Fig. 1).



Figure 1: Methodology of the standardized version of the Rapid ResaPolymyxin *Acinetobacter/Pseudomonas* NP test.; The Figure was partly generated using Servier Medical Art, provided by Servier, licensed under a Creative Commons Attribution 3.0 unported license.

However, some important modifications were tested to adapt methodology to our laboratory and to make it reproducible. We tested three different media for culture bacterial: Mueller-Hinton agar (Sigma-Aldrich, USA), MacConkey agar (Kasvi, BR) and tryptic soy agar (TSA; Kasvi, BR), with the same incubation time and temperature, in order to understand if the pH of primary medium would interfere in the test.

Considering resazurin solution, we used pure resazurin rather than the commercial dye (Presto BlueTM) as previously published, in order to reduce costs. Resazurin was solubilized in different solvents: sterile ammonium hydroxide and sterile distilled water. We evaluated concentrations of 0.2% and 0.02% to define the one that would be most suitable and allow the

shortest reading time. After preparation, resazurin solution was filtered through a $0.22 \ \mu m$ PES membrane filter and vial was conserved protected from light.

Bacterial suspensions (3.0-3.5 McFarland) were transferred to wells containing Mueller-Hinton broth (MHB, pH around 7; Sigma-Aldrich, USA), MHB pH 6.5 (adjusted with HCl), brain heart infusion Broth (BHI, Merck, GER), and a combined medium containing 50% BHI and 50% MH, in order to identify any possible interference in time needed for bacteria growth.

Finally, besides adding resazurin after 3h of incubation (as published elsewhere)(Lescat et al., 2019), we tried to decrease test turnaround time, adding the dye right after pipetting the inoculum, reducing 3h to reach results.

After the addition of resazurin, plate was visually observed every 15 min for 3h. Alteration of color from blue to purple/pink indicated positive result (resistant isolate) (Fig. 2). If color change was not obvious, result was considered inconclusive and repeated.



Figure 2: Results of the standardized version of Rapid ResaPolymyxin *Acinetobacter/Pseudomonas* NP test. Lines: *P. aeruginosa* ATCC 27853 (negative control); *A. baumannii* NF278 (negative control); *A. baumannii* NF281 (positive control); sterility control. Columns: (a) without polymyxin B; (b) with polymyxin B.

3. Results and discussion

After analyzing all variables, test was standardized as follows: Bacteria were cultured on TSA, as no difference was observed when changing the medium. Indeed, the use of BHI caused an unacceptable number of false positives (Fig.3.C). Resazurin was diluted on sterile distilled

water in a concentration of 0.02%. When diluting resazurin powder in ammonium hydroxide (Fig. 3.A), time needed for visualization of resazurin reduction was longer, being 2 hours after the addition of the resazurin. However, using sterile distilled water, 30 minutes after the addition of the dye color change was visible. Of note, Lescat and coworkers (2019) observed the beginning of color change after 15 minutes of incubation.

Acidification of the medium caused several false positive results. Indeed, resazurin is also used as a pH indicator (from orange [pH 3.5], to pink, to blue [pH>6.5]); then, when we modified pH of the medium, all the wells turned pink, including negative and sterility control (Fig. 3.B).



Figure 3: Results observed using different variables. Lines: *P. aeruginosa* ATCC 27853 (negative control); *A. baumannii* NF278 (negative control); *A. baumannii* NF281 (positive control); sterility control. Columns: (a) without polymyxin B; (b) with polymyxin B.

We tested polymyxin B rather than colisitin because it is widely used in Brazil. In addition, even though polymyxin B and colistin molecules differ by only one amino acid in the heptapeptide ring, they are different drugs in terms of pharmacokinetics/pharmacodynamics. Some data suggest that administration of colistin, in the form of the prodrug colistimethate, which might cause an increased risk of acute kidney injury when compared to polymyxin B (Ngamprasertchai et al., 2018). This may justify the choice of some institutions to preferentially use polymyxin B instead of colistin. Furthermore, several countries only have commercial access to polymyxin B (Humphries et al., 2019).

According to BMD, 14.9% (14/94) were resistant to polymyxin B, while 85.1% (80/94) were susceptible to this antimicrobial. Overall, MICs ranged from $\leq 0.125 \ \mu g/mL$ to $>64 \ \mu g/mL$, with 13.8% (13/94) of isolates presenting borderline MICs (2 or 4 $\mu g/mL$), as shown in table 1.

We observed 3.2% (3/94) of inconclusive results (i.e., no clear color change from blue to purplue/pink), all *P. aeruginosa* with MIC of 0.5 μ g/mL). Of note, to evaluate performance of the test, these 3 results were disregarded. Overall, RRP-NP demonstrated a categorical agreement (CA) of 91.2% (83/91) among our bacterial population. When comparing with BMD, RRP-NP correctly identified 75 out of 77 isolates susceptible to polymyxin B, with a specificity of 97.4%, a positive predictive value (PPV) of 80% (8/10), and 2.2% (2/91) of major error (ME). The 2 false positive isolates were *P. aeruginosa* (MICs of 1 μ g/mL) which turned positive (purple/pink) within 60 min of incubation. On the other hand, RRP-NP adequately characterized 8 out of the 14 isolates resistant to polymyxin B: 57.1% of sensitivity, negative predictive value (VPN) of 92.6% (75/81), and 6.6% (6/91) of very major error (VME). Six *A. baumannii* presented false negative results (MICs of 4 (n=2), 8 (n=1), 16 (n=1), 32 (n=2) μ g/mL).

Lescat and coworkers evaluated 43 *A. baumannii* (30.2% (13/43) resistant to colistin) and 49 *P. aeruginosa* (20.4% (10/49) resistant to colistin). They observed sensitivity of 100% and specificity of 97% with three isolates incorrectly characterized as resistant by RRP-NP (MICs of

1 [n=1] and 0.25 μ g/ml [n=2]). Our sensitivity was much lower than previously published. However, it must be highlighted that of the 6 false negative results, 2 presented borderline MIC (4 μ g/mL).

Some important issue was observed among *P. aeruginosa*. In order to obtain a complete color change (pink), a very long incubation time was necessary (more than 6 hours). That was the reason why, for *P. aeruginosa*, we assumed as positive a clear color change from blue to purple, which was possible to observe after 4h of experiment (3h of incubation plus 1h after addition of resazurin).

Germ et al. (2019) and Jia et al. (2020) evaluated RRP-NP among *A. baumannii*. Jia et al. (2020) found sensitivity and specificity of 100 and 96%, respectively, which is in accordance of what was found by Germ and coworkers (2019): 93.3% of sensitivity and 93.3% of specificity, with 92.3% of PPV. We believe that the fact they evaluated exclusively *A. baumannii* justify better results of sensitivity and specificity compared to ours, as we observed more accurate results among this specie. Indeed, false positive results were observed among *P. aeruginosa*.

Bouvier et al. (2021), evaluating the commercial version of the test, observed 96% of sspecificity and 97% of sensitivity when analyzing 62 *A. baumannii* (36 susceptible to colistin [MICs from <0.125 to 1 mg/L] and 26 resistant [MICs from 4 to >128 mg/L]). They observed only one false positive result (MIC of 0.25 mg/L) and one false negative result (MIC of 16 mg/L).

Our values of specificity and, mostly, sensitivity were lower than previously reported. It is well recognized the influence of small sample size over these parameters. Indeed, this is the most notorious limitation of our study, as only 14 isolates resistant to polymyxin B could be analyzed. We strongly believe increasing sample size would improve sensitivity of the proposed methodology.

4. Conclusion

Despite the need to adjust many variables to obtain an in-house reproducible RRP-NP, the methodology seemed to be promising for qualitatively detect polymyxin resistance among *P*. *aeruginosa* and *A. baumannii*, being faster and less laborious than BMD. The small sample size of our study significantly compromised results, so we have a future perspective to increase the number of tested isolates, including more isolates resistant to polymyxins.

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Tables

Table 1: Results of RRP-NP for the detection of susceptibility to polymyxin B among A. *baumannii* and *P. aeruginosa*.

Isolate	Specie	MIC ^a polymyxin B (µg/mL)	RRP-NP	
			Result	Positivity Time (min)
NF345	A. baumannii	>64	Р	30
NF337	A. baumannii	64	Р	30
NF331	A. baumannii	32	N	-
NF384	A. baumannii	32	N	-
NF316	A. baumannii	16	Р	30
NF398	A. baumannii	16	N	-
NF281	A. baumannii	8	Р	30
NF286	A. baumannii	8	Р	30
NF310	A. baumannii	8	N	-
NF284	A. baumannii	4 ^b	N	-
NF296	A. baumannii	4 ^b	Р	30
NF326	A. baumannii	4 ^b	N	-
NF341	P. aeruginosa	4 ^b	Р	75
NF388	P. aeruginosa	4 ^b	Р	90
NF285	A. baumannii	2 ^b	N	-
NF289	A. baumannii	2 ^b	N	-

NF308	A. baumannii	2 ^b	N	-
NF318	A. baumannii	2 ^b	N	-
NF330	A. baumannii	2 ^b	N	-
NF335	P. aeruginosa	2 ^b	N	-
NF397	A. baumannii	2 ^b	N	-
NF402	P. aeruginosa	2 ^b	N	-
NF279	A. baumannii	1	N	-
NF283	A. baumannii	1	N	-
NF297	P. aeruginosa	1	N	-
NF300	A. baumannii	1	N	-
NF301	A. baumannii	1	N	-
NF303	P. aeruginosa	1	N	-
NF304	A. baumannii	1	N	-
NF307	P. aeruginosa	1	N	-
NF311	P. aeruginosa	1	N	-
NF314	A. baumannii	1	N	-
NF319	A. baumannii	1	N	-
NF329	P. aeruginosa	1	N	-
NF332	A. baumannii	1	N	-
NF334	P. aeruginosa	1	N	-
NF339	P. aeruginosa	1	N	-
NF342	A. baumannii	1	N	-
NF344	A. baumannii	1	N	-
NF383	A. baumannii	1	N	-
NF386	A. baumannii	1	N	-
NF387	A. baumannii	1	N	-
NF389	P. aeruginosa	1	Р	60
NF390	P. aeruginosa	1	N	-
NF391	P. aeruginosa	1	N	-
	1			1

NF393	P. aeruginosa	1	N	-
NF400	P. aeruginosa	1	Р	60
NF401	P. aeruginosa	1	N	-
NF403	P. aeruginosa	1	N	-
NF405	A. baumannii	1	N	-
NF280	P. aeruginosa	0.5	N	-
NF282	A. baumannii	0.5	N	-
NF287	P. aeruginosa	0.5	Ι	-
NF288	P. aeruginosa	0.5	N	-
NF290	A. baumannii	0.5	N	-
NF295	P. aeruginosa	0.5	N	-
NF298	A. baumannii	0.5	N	-
NF299	P. aeruginosa	0.5	N	-
NF302	P. aeruginosa	0.5	N	-
NF305	P. aeruginosa	0.5	N	-
NF309	A. baumannii	0.5	N	-
NF312	P. aeruginosa	0.5	Ι	-
NF313	P. aeruginosa	0.5	N	-
NF323	P. aeruginosa	0.5	N	-
NF325	A. baumannii	0.5	N	-
NF328	P. aeruginosa	0.5	Ι	-
NF333	P. aeruginosa	0.5	N	-
NF336	P. aeruginosa	0.5	N	-
NF338	P. aeruginosa	0.5	N	-
NF340	P. aeruginosa	0.5	N	-
NF385	A. baumannii	0.5	N	-
NF392	P. aeruginosa	0.5	N	-
NF394	A. baumannii	0.5	N	-
NF395	A. baumannii	0.5	N	-
L	1		1	I

NF406	A. baumannii	0.5	N	-
NF407	A. baumannii	0.5	N	-
NF408	A. baumannii	0.5	N	-
NF409	P. aeruginosa	0.5	N	-
NF278	A. baumannii	0.25	N	-
NF291	A. baumannii	0.25	N	-
NF292	P. aeruginosa	0.25	N	-
NF293	A. baumannii	0.25	N	-
NF294	A. baumannii	0.25	N	-
NF315	A. baumannii	0.25	N	-
NF317	A. baumannii	0.25	N	-
NF320	A. baumannii	0.25	N	-
NF321	A. baumannii	0.25	N	-
NF322	A. baumannii	0.25	N	-
NF327	P. aeruginosa	0.25	N	-
NF343	A. baumannii	0.25	N	-
NF399	A. baumannii	0.25	N	-
NF404	A. baumannii	0.25	N	-
NF306	A. baumannii	≤0.125	N	-
NF324	P. aeruginosa	≤0.125	N	-
1	1	1	1 1	

MIC, minimum inhibitory concentration; RRP-NP, Rapid ResaPolymyxin NP test; P, positive (resistant); N, negative (susceptible); I, inconclusive. ^aMIC of polymyxin B determined by BMD ^bMICs borderline

Anexo 1



JOURNAL OF MICROBIOLOGICAL METHODS

AUTHOR INFORMATION PACK

TABLE OF CONTENTS

Description • p.1 Audience p.2 • **Impact Factor** p.2 • Abstracting and Indexing p.2 • **Editorial Board** p.2 • **Guide for Authors** p.4



ISSN: 0167-7012

DESCRIPTION

The Journal of Microbiological Methods publishes scholarly and original articles, notes and review articles. These articles must include novel and/or state-of-the-art **methods**, or significant improvements to existing methods. Novel and innovative applications of current methods that are validated and useful will also be published. JMM strives for scholarship, innovation and excellence. This demands scientific rigour, the best available methods and technologies, correctly replicated experiments/tests, the inclusion of proper controls, calibrations, and the correct statistical analysis. The presentation of the data must support the interpretation of the method/approach.

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- Number the illustrations according to their sequence in the text.
- Use a logical naming convention for your artwork files.
- Indicate per figure if it is a single, 1.5 or 2-column fitting image.

• For Word submissions only, you may still provide figures and their captions, and tables within a single file at the revision stage.

• Please note that individual figure files larger than 10 MB must be provided in separate source files.

A detailed guide on electronic artwork is available.

You are urged to visit this site; some excerpts from the detailed information are given here. *Formats*

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Schüler, D., Uhl, R., Bäuerlein, E., 1995. A simple light scattering method to assay magnetism in *Magnetospirillum gryphiswaldense*. FEMS Microbiol. Lett. 132, 139--145.

Tyssen, P., 1993. Hybridization with nucleic acid probes. In: Laboratory Techniques in Biochemistry and Molecular Biology, Vol. 24, Elsevier, Amsterdam, pp. 375-436.

Shockman, G.D., Höltje, J.-V., 1994. Microbial peptidoglycan (murein) hydrolase. In: Ghuysen, J.-M., Hakenbeck, R. (Eds.), Bacterial Cell Wall. Elsevier, Amsterdam, pp. 131-166.

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Strunk Jr., W., White, E.B., 2000. The Elements of Style, fourth ed. Longman, New York. Reference to a chapter in an edited book:

Mettam, G.R., Adams, L.B., 2009. How to prepare an electronic version of your article, in: Jones, B.S., Smith , R.Z. (Eds.), Introduction to the Electronic Age. E-Publishing Inc., New York, pp. 281–304. Reference to a website:

Cancer Research UK, 1975. Cancer statistics reports for the UK. http://www.cancerresearchuk.org/ aboutcancer/statistics/cancerstatsreport/ (accessed 13 March 2003). Reference to a dataset:

[dataset] Oguro, M., Imahiro, S., Saito, S., Nakashizuka, T., 2015. Mortality data for Japanese oak wilt disease and surrounding forest compositions. Mendeley Data, v1. https://doi.org/10.17632/xwj98nb39r.1.

Reference to software:

Coon, E., Berndt, M., Jan, A., Svyatsky, D., Atchley, A., Kikinzon, E., Harp, D., Manzini, G., Shelef, E., Lipnikov, K., Garimella, R., Xu, C., Moulton, D., Karra, S., Painter, S., Jafarov, E., & Molins, S., 2020. Advanced Terrestrial Simulator (ATS) v0.88 (Version 0.88). Zenodo. https://doi.org/10.5281/ zenodo.3727209.

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